

# Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

ELECTION DEPT.

mmonweatts Massachusetts	,	· 	POWERAILLE	. MA
le with: ty or Town Clerk or Election Commission	Please print or type all inform	ation, except signatures.	2011 OCT 31 A	10: 44
Fill in dates:  Reporting Period Beginning  Month  8	Date Year 20[1	Ending 10	Date Z	ZO11
Type of report: (Check one)  ☐ 8th day preceding preliminary	8th day preceding election	☐30 day after election	□year-end report	□dissolution
Rebekah L. Gewij Full Name of Candidate (if 'Ward (p. fl.dlen M Office Sought and Di 131 Morn'Son Are Residential Addre	applicable)  _Q_(\(\Lambda\)  strict	Jenniter Lau Name of Comm 131 Mornson;	tee Name OVENCE hittee Treasurer Ave #1 Sowe ailing Address	uil ožiyy
617-718-079	Tel. No. (optional)	<u> </u>		(optional)
Line 2: Total re Line 3: Subtotal Line 4: Total ex	balance from previous ceipts this period (page (line 1 plus line 2) penditures this period balance (line 3 minus line 4	e 2, line 11) S  od (page 3, line 14) S	17,322.18 0 17,322.18 395.00	3
	kind contributions this  ) outstanding liabilitie  bank(s) used			
Affidavit of Committee Treasurer: I certify that I have examined this report inche campaign finance activity, including all contributed and represents the campaign finance activity M.G.L. c. 55.  Treasurer's signature (n ink)	bations, Ioans, receipts, expenditures.	disbursements, in-kind contrib tity or on behalf of this comm	outions and liabilities to	r this reporting period
FOR CAN	DIDATE FILINGS ONLY:	(CANDIDATE MUST SIGN	BELOW)	
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activi I certify that I have examined this report incleampaign finance activity, of all persons act	uding attached schedules and it is, to	of this committee in accordan	ce with the requirement	plete statement of all s of M.G.L. c. 55. I

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of

Signed under the penalties of perjury:

☐ Candidate without Committee OR Candidate with independent activity filing separate report

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Am	ount	Occupation & Employer (for contributions of \$200 or more)
		,		
		-		
			,	
			.	
<u>-</u>	otal receipts in excess of \$50 (or listed above)			
<del></del>	otal receipts \$50 and under* (not listed above)  OTAL RECEIPTS IN THE PERIOD	0		Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Am	ount
9/28/11	Mattison Narramore	12 Park tre Somewille, MA 02144	website	50	DO
10/1/11	Mattison Warramore	12 Park tre Somewill, MA 02144	website	50	00
10/20/11	Lightning Design	PO BOX 128 Avilington, MA 02476	brochure design	250	00
10/4/11	city of Somewille	93 Highland the Somewite, MA 0243	voter history disc	45	00
	•	•			
		,			
-					
					•
. '	<u> </u>				•
		Line 12: Ex	xpenditures over \$50	200	00
Er	nter on page 1, line 4		spenditures \$50 and under*  OTAL EXPENDITURES		0

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
·				
				,
			In-kind over \$50 In-kind \$50 and under	-
	Enter on page 1, line 6	<u> </u>	Total In-kind	٥

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
ï				
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	0

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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